	Lat. rawwission ase milk:
	Case: 06-6106
TRIA IOMO IANG	<u> </u>

ည်း မြန်နေနိုင်ခြင့် မြန်နေနိုင် မေးကို ကောင်းသည်။ မေးကို မြန်နေနိုင် မြန်နေနိုင် မြန်နေနိုင် မြန်နေနိုင် မြန် မြန်နေနိုင် မြန်နေနိုင် မြန်နေနိုင် မြန်နေနိုင် မြန်နေနိုင် မြန်နေနိုင် မြန်နေနိုင် မြန်နေနိုင် မြန်နေနိုင် မြ	Illinois Commerce Commission 527 E. Capitol Avenue Springfield, Illinois 62701	Olas Landing
O-11 Older 1	Mr. Isaiah& Gas Companilling, We were ovember 8th the we used approvin	Mrs. Lucinda McMilliar Y Charged Three
in Säuk Village, Illinois.		
TO THE ILLINOIS COMMERCE COMMISSION, SPRINGFIELD), ILLINOIS:	
My mailing address is	7/2 East 218 Str.	60415 = 3mm
The service address that I am complaining about is $\frac{18}{2}$	12 East 218 Str.	MER CL
My home telephone is	[708] 758-1940	FEB - b 1 A
Between 8:30 A.M. and 5:00 P.M. weekdays, I can be reach (Full name of utility company) \(\frac{1}{2} \cdot \cap \) to the provisions of the Illinois Public Utilities Act.	ras Company	S OFFI 3 THIS STORY OF STORY O
In the space below, list the specific section of the law, Com	omission rule(s), or utility tariffs that you thi	nk is involved with your complaint.
200-170 This	is a formal Comy gas bi	omplaint regarding
Have you contacted the Consumer Services Division of the	Illinois Commerce Commission about your c	omplaint? Yes No
Has your complaint filed with that office been closed?	1	Yes 🔀 No

Please state your complaint briefly. Number each of the paragraphs. Please include time period and dollar amounts involved with your complaint. Use an extra sheet of paper if needed. We were overbilled: $10/8/3005 - 18/3005 - 135,73$ $11/8/3005 - 12/7/3005 - 384.65$ $12/7/3005 - 1/5/3005 - 359.35$	
Please clearly state what you want the Commission to do in this case: I want to be treated failly by the Commission and it's representatives (Carlos Rusz) who told me what the gas company did not over Charge me, but I know better. I won like the commission to help me Clear up the overbilling.	د ا،
Date: January 21, 2006 Complainant's Signature Secundary McMille's (Month, day, year)	-2-
If an attorney will represent you, please give the attorney's name, address, and telephone number.	
You need to file the original with the Commission. Also, provide one copy for each utility complained about (referred to as respondents).	_
VERIFICATION	
A notary public must witness the completion of this part of the form.	
L. Lucinda McMillian , first being duly sworn, say that I have read the above petition and know what it says. The contents of this petition are true to the best of my knowledge.	
(Signature) Junear M. M. Olean	
Subscribed and sworn/affirmed to before me on (month, day, year) January 38, 2006	
Mutary Public, Illinois "OFFICIAL SEAL" BARBARA A. SOMERS Notary Public, State of Illinois My Commission Expires Sept. 19, 2006	

NOTE: Failure to answer all of the questions on this form may result in this form being returned without processing. If you have questions, please call the counselor in the Consumer Services Division that handled your informal complaint.